

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 322-1584



DATE ISSUED: January 31, 1996

CMSP LETTER: 96-6

To: AllCounty Medical Services Program (CMSP) County Welfare Directors

Subject: REVISED CMSP NOTICE OF ACTION - APPLICATION FOR
RETROACTIVE ELIGIBILITY (FORM CMSP 239 D, ENGLISH AND
SPANISH VERSIONS)

This letter transmits two camera ready copies of the revised English and Spanish versions of the County Medical Services Program (CMSP) Notice of Action - Application For Retroactive Eligibility (form 239 D). Counties should use these camera ready masters to produce a prudent supply of these revised forms. Previous revisions of these forms should no longer be used.

If you have any questions about this letter please contact Ms. Genny Fleming of my staff at (916) 327-3867. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Jim Martinez', with a stylized flourish at the end.

Jim Martinez, Chief
County Medical Services Program Unit

Enclosures

cc Genny Fleming
County Medical Services Program Unit
Department of Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7230